S. No. 2
M—5-43
7. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13366

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1634

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days (Specify whether
In this community 17 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3947 Clark 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mrs. MARY M BREDENGERD

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Chris H Bredengerd
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Dec 16 1876 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	3	22	hr. min.

9. Birthplace Indiana 1
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Fredrick Swick
13. Birthplace No Record 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Becky Leire
15. Birthplace No record 9
(City, town, or county) (State or foreign country)

16. (a) Informant J L Bredengerd
(b) Address 409 East Armour K Cmo
17. (a) Burial (b) Date thereof 4/10/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Quirk & Tobin Co
(b) Address 20 West Linwood
19. (a) 4-10-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th
year 1947 hour 12 minute 50 A.M.
21. I hereby certify that I attended the deceased from March 10, 1947, to Apr. 7, 1947
that I last saw her alive on Apr. 7 - 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature R Paul Wright, M.D. (M. D. or other) M.D.
Address 1324 Prof. Bldg; Kansas City Mo. Date signed Apr 9-47

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Howard W. Farmer

Licensed Embalmer No. 413 4

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.